20-5-12-04-0M-000M4185

FE7AN014

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2015 DEC -4 AM 9: 02

Office Use Only

1. NAME OF	TYPE OR PRINT ▼	Example: If typing, type	12FE4M5	
COMMITTEE (in full)	1	over the lines.	1211041013	harr-man
Single Si	ubject Amen	dment		
	17/7 Tal.	K. R. C	:: t = 1 110	<u> </u>
ADDRESS (number and str	reet) [2 0 / J 0 A A]	Kuloxi Rich Si	u// te //00	
Check if different than previously				
reported. (ACC)	1, a, 1, 1, a, h, a, s	<u>see</u>	F4 13,23	0,3 -
2. FEC IDENTIFICATI	ON NUMBER ▼	CITY	STATE A	ZIP CODE A
C 0.05.4	2696 3.	IS THIS NEW REPORT (N) C	AMENDED (A)	
4. TYPE OF REPOR	(b) Monthly Feport	eb 20 (M2) May 20 (M5) Aug 20 (M8)	Nov 20 (M11) (Non-Election
(Choose One)	Due Cn:	lar 20 (M3) Jun 26 (I	M6) Sep 20 (M9)	Year Only) Dec 20 (M12) (Non-Election
(a) Quarterly Reports	garang.	pr 20 (M4) Jul 20 (M	/7) Oct 20 (M10)	Year Only)
April 15 Quarterly Re	eport (Q1) (c) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
July 15 Quarterly Re	eport (Q2) PRE-Election	hard part		Hulloll (12H)
October 15 Quarterly Re	Heport for the:	Convention (12C)	Special (12S)	
January 31 Year-End Ro	Flor	etion on	/ *******	in the State of
July 31 Mid- Report (Non Year Only) (n-election (MY) POST-Election		Runoff (30R)	Special (30S)
Termination (TER)		ction on	,	in the State of
5. Covering Period	01 01 20	through	6 30 20	7.5
I certify that I have exam	nined this Report and to the best	of my knowledge and belief it	is true, correct and comple	ete.
Type or Print Name of Tr	reasurer W. Spia	ler Webb, Jr		
Signature of Treasurer	Wwefl (2	Date // 2	2 2015
NOTE: Submission of folco	. orrepease or inlate inter	tion may publicat the market at a	ing this Depart to the court	ion of E0 II C O C 00100
Office	e, erroneous, or incomplete informa	mon may subject the person signi		
Use				C FORM 3X Rev. 12/2004

CHEDULE C (FEC Form 3X DANS	,	Use separate schedule(s)	PAGE OF
JANS	•	for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)			
Single Subject	-amendment		
LOAN SOURCE Full Name (Last, First	t, Middle Initial)		lection:
Webb, W.S.			Primary General
Mailing Address 255 Roseful D.	r, East		Other (specify) ▼
City Tallahanee	State FL ZIP Co		O 11 OF ON ON ON ON THE DOM
Original Amount of Loan	Cumulative Payment To		e Outstanding at Close of This Perio
2000	\mathcal{O}		70000
TERMS Date Incurred	Date Due		Secured:
12 12 2014	MUM / DED / Y		0 % (apr) Yes VN
List All Endorsers or Guarantors (if a	ny) to Loan Source		
1. Full Name (Last, First, Middle Initial	1)	Name of Employer	
Mailing Address		Occupation	
37			
City Sta	ite ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City Sta	ite ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City Sta	te ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	· · · · · · · · · · · · · · · · · · ·
Mailing Address	:	Occupation	
	· :	Amount	
City Sta	ite ZIP Code	Guaranteed Outstanding:	473.4
		Bennesicourse	
SUBTOTALS This Period This Page (option	onal)	>	allerand Namarilla ann ad Namarilla ann an deann an dean
TOTALS This Period (last page in this line	e only)		
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SCHEDULE C (FEC Form 3X)			
LOANS		Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)		. /	
Single Subject a	amendmen	n d	
LOAN SOURCE Full Name (Last, First, M			Election:
Webb W.S.		:	Primary General
	East	-	Other (specify) ▼
City Tallackassee		Code 3 Z 3/2	Outstanding at Oliver of This Board
Original Amount of Loan	Cumulative Paymen	t to Date Baian	ce Outstanding at Close of This Period
TERMS Date Incurred	Date (Oue Interest Rate	Secured:
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	· · · · · · · · · · · · · · · · · · ·
Mailing Address		Occupation	ent de la companya de
City State	ZIP Code	Amount Guaranteed Outstanding:	73-1-2-1-2-1-3-1-3-1-3-1-3-1-3-1-3-1-3-1-
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	Describeration of the section of the
3. Full Name (Last, First, Middle Initial)		Name of Employer	,
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional		▶ Incomplete	
TOTALS This Period (last page in this line on	 ly)	• • • • • • • • • • • • • • • • • • •	
Carry outstanding balance only to LINE 3, So	chedule D, for this line	e. If no Schedule D, carry forwa	ard to appropriate line of Summary.

CHEDULE C (FEC FORM 3X)		
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· ·	for each category of Detailed Summary P	
IAME OF COMMITTEE (In Full)	Botalied dominary	
	1 4	
Single Subject amen	iamens	
LOAN SOURCE Full Name (Last, First, Middle In	litial)	Election:
Webb, W.S.		Primary
Mailing Address		General Other (specify) ▼
295 Rosefull Dr. Eas	8	Cirici (opeany)
City Tallahansee State	FL ZIP Code 323/2	
		Balance Outstanding at Close of This Period
haring the second second second second		
2/0500		2/0500
TERMS		
Date Incurred	Date Due Interest F	Rate Secured:
04 01 2014 -		
Branch Committee of Committee o	d harring limited bands and bands and	ment Derections of the Control of th
List All Endorsers or Guarantors (if any) to Loa		
Full Name (Last, First, Middle Initial)	Name of Employer	•
Mailing Address	Occupation	
	·	
		almostone de material de m
City State ZIF	Code Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
(,,,,		
Mailing Address	Occupation	
City State ZIF	Amount Guaranteed	
City State ZIF	- I B	and result the conference of t
3. Full Name (Last, First, Middle Initial)	Name of Employer	
		3
Mailing Address	Occupation	
	<u> </u>	
City State ZIF	Amount Guaranteed	And the state of t
	Outstanding:	And Devileration (1)
4. Full Name (Last, First, Middle Initial)	Name of Employer	
N. T X-I		
Mailing Address	Occupation	
	Amount	
City State ZIF	Code Guaranteed	
	Outstanding:	
CHRIOTAL & This David This Dave (antique)		
SUBTOTALS This Period This Page (optional)	······································	
TOTALS This Period (last page in this line only)		
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Carry outstanding balance only to LINE 3, Schedule	D, for this line. If no Schedule D, carry	forward to appropriate line of Summary.

CHEDULE C (FEC Form 3X)	
OANS	Use separate schedule(s) FAGE OF for each category of the
	Detailed Summary Page FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)	
Single Subject amendment	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: Primary
Well, W.S.	General
Mailing Address 295 Rosefull Dr. East	Other (specify)
City Tallahassee State FL ZIP C Original Amount of Loan Cumulative Payment 7	For Date Balance Outstanding at Close of This Perio
Original Amount of Loan Confidence Fayment	
46.00.00	460000
TERMS Date Incurred Date Du	e Interest Rate Secured:
03/07/2014	Yes UNC
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
Siny Since and Society	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount paragraphic
City State ZIP Code	Guaranteed Outstanding:
<u>.</u>	
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line.	
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FALLANASSEE FL 323

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Federal Election Commission

AM 9: 02

999 E Street, NW

Washington, DC 20463

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMI The FEC added this page to the end of this filing to indic	
Hand Delivered	Date of Receipt
USPS First Class Mail Postmarked // /23 /2015	Date of Receipt 12/04/2015
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busi	ness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	of Receipt or Postmarked
PREPARER MP (3/2015)	/2/04/2015 DATE PREPARED